

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11	1					
12	1					
13	1					
14		1				
15	2					
16	2					
17	2					
18	1					
19		1				
20	1					
21	1					
22	2					
23	2					
24	2					
25						
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41						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	26					
TOTAL CLAIMS	30					

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						